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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:			 	

FLORIDA PROFIT/NON PROFIT CORPORATION CHS POLK, INC.

Certificate of Status	0
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From: M. BURR KEIM CO Fax: 12159779386

To:

Fax: (850) 617-6381

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I				
• The	name of the corporation shall be: CHS POLK, INC.			
ARTICLE II	PRINCIPAL OFFICE Principal street address 1385 BROADWAY, STE. 1005 NEW YORK, NY 10018	Mailing address, if different is:		
	I <u>PURPOSE</u> for which the corporation is organized is: <u>To provide person</u>	nnel staffing services.		
*	V SHARES of shares of stock is 200 SHARES NO PAR VALUE	202		
· -	INITIAL OFFICERS AND/OR DIRECTORS Title: TOVIA GOLDBERGER, PRESIDENT and SECRET	PILED OURS DARY OF STATE SHASSE LET OMBE		
Address	1385 BROADWAY, STE. 1005 NEW YORK, NY 10018	OF STATE OF STATE		
	e and Title:			
Name	e and Title:			

From: M. BURR KEIM CO

Fax: 12159779386

To:

Fax: (850) 617-6381

Page: 3 of 3

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(((H220000302063)))

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent i

Name:

Registered Agents Inc.

Address: 7901 4th Street N., Suite 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

JAMES MATTEOTTI

Address: 180 PHILLIPS HILL RD.,

STE, 3A, NEW CITY, NY 10956

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

1/24/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

01/20/2022

Required Signature/Incorporator

Date